

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

689

1. PLACE OF DEATH

County Franklin

Registration District No. 297

File No.

Township Washington

Primary Registration District No. 30,6

Registered No. 1

City Washington (No.)

St. Ward)

2. FULL NAME Joseph Nieder

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 9 mos. - ds. How long in U.S., if of foreign birth? 61 yrs. 3 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Nieder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25, 1842

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
85	10	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) Westphalen,
(STATE OR COUNTRY) Germany**

10. NAME OF FATHER George Nieder

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)**

12. MAIDEN NAME OF MOTHER Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)**

**14. INFORMANT Joe Nieder
(Address) Krakow Mo.**

**15. Jan 6, 1928 O. L. March
REGISTRAR**

✓ / MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 19 28

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 19 28, to Jan. 4, 19 28 that I last saw him alive on Jan. 1, 19 28, and that death occurred, on the date stated above, at 3:42 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
82 A April
16 2 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No
 (Signed) J. J. Mayhew, M. D.

Jan. 6, 1928 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery, Krakow, MO. DATE OF BURIAL 1/7 19 28

20. UNDERTAKER Otto & Co. by W.H.O. ADDRESS Washington, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

